



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

March 24, 2006

Dear Interested Parties:

**DISEASE MANAGEMENT PILOT PROGRAM REQUEST FOR PROPOSAL
(RFP) 05-45889 ADMINISTRATIVE BULLETIN 2, ADDENDUM 2**

Administrative Bulletin 2, Addendum 2, issued by the California Department of Health Services, Office of Medi-Cal Procurement (OMCP), announces:

- A revision to page 1 of Attachment 2 and Appendix 3
- The release of additional and revised documents for the Data Library.

In order to configure the RFP so that it accurately reflects the current requirements and considerations, remove the existing page(s) in your copy of the RFP and insert the appropriate replacement page(s) as indicated in the following table:

Remove (existing pages)	Replace (new pages)
Attachment 2, Page 1 of 3	Attachment 2, Page 1 of 3
Appendix 3	Appendix 3

Within the text of the document, changes appear in underlined print and/or with a vertical bar appearing to the right of the paragraph where changes were made

It is important to note that the data within the "Provider Availability Within the Pilot Area" section of the Data Library has been replaced in its entirety. Please discard the data released on March 15, 2006, and replace it with the new version dated March 22, 2006. All new and/or revised Data Library information can be viewed and/or downloaded at OMCP's website located at www.dhs.ca.gov/omcp.

If you should have further questions, please contact Beverly Fisher, lead analyst assigned to this procurement, at (916) 552-8006.

Sincerely,

Original signed by *Donna Martinez*
Donna Martinez, Chief
Office of Medi-Cal Procurement

Required Attachment / Certification Checklist

Qualification Requirements. I certify that my firm meets the following requirements:		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least two years of experience of the various service types listed in Item 1 of the RFP section entitled, "Qualification Requirements". That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has current disease management accreditation by a nationally recognized accrediting agency such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee on Quality Assurance (NCQA), or Utilization Review Accreditation Commission (URAC).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is qualified to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has certified via Attachment 8 that its proposal response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous State consultant services contracts entered into that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 9).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm will supply, before contract execution, proof of self-insurance or copies of insurance certificates proving possession of general liability and/or automobile liability insurance as stipulated in Item 10 of the RFP section entitled, "Qualification Requirements".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Proposal format and content.		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Proposal format requirements and my firm submitted one original Technical Proposal and five (5) copies and one CD-ROM version. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary Section consisting of 3 or fewer pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Project Personnel Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Facilities and Resources Section	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continued on next page)

Appendix 3**Contents of Data Library**

- Demographic information on eligibles
- Report/Table on paid claims of eligibles
- Provider availability in the pilot areas
- [Methodology – Provider availability & paid claims of eligibles](#)
- CDHS claims data file specifications
- Links to helpful website information
- Sample readiness review tool